THE MEDICAL DIVISION

of the

Office of Civilian Defense

Washington Office

The Medical Division of the U. S. Office of Civilian Defense is responsible for the preparation of plans for the care of civilian casualties in the event of enemy attack. The Chief Medical Officer is Dr. George Baehr, Medical Director, U. S. Public Health Service, who was assigned by the Surgeon General to the Office of Civilian Defense in June 1941.

The headquarters staff consists of commissioned officers and consultants of the U. S. Public Health Service detailed to the Office of Civilian Defense. The Medical Division is subdivided into the following sections: Field Casualty Service, Hospitals, Nursing, Blood Plasma, Sanitary and Public Health Engineering, and Chemical Casualties.

Regional Staff

The field staff of the Medical Division consists of regular and reserve officers and one consultant in the U. S. Public Health Service assigned to duty in each of the nine Civilian Defense Regions as Regional Medical Officers and Regional Sanitary Engineers. These Regions are coterminous with the Army Corps Areas. There are also a number of regional consultants for special technical projects.

Medical Advisory Board

A Medical Advisory Board, of which Dr. Baehr is chairman, includes the following members: Drs. Robin C. Buerki, Philadelphia; Elliott C. Cutler, Boston; Oliver B. Kiel, Wichita Falls, Texas; Albert McCown, Washington, D. C.; Huntington Williams, Baltimore, and John T. O'Rourke, D. D. S., Louisville, Ky., Dr. Fred W. Rankin, Lexington, Ky., President-Elect of the American Medical Association, served as a member of the board until his recent call to military service. The Surgeon General of the U. S. Public Health Service and the executive secretary of the Health and Medical Committee of the Office of Defense Health and Welfare Services serve as ex officio members of the board.

State and Local Chiefs of Emergency Medical Service

In all the States, the District of Columbia, and the outlying possessions, and in almost every community in the country, a Chief of Emergency Medical Service is responsible for the organization of local medical facilities in accordance with the recommendations of the Medical Division, under the auspices of the defense councils. In exposed States, the State Chief of Emergency Medical Service and a State Hospital Officer have been or are to be appointed in the U. S. Public Health Service so that they may serve in the dual capacity of State and Federal officials. Many communities have designated as Chiefs of Emergency Medical Service the physicians who have served as chairmen of the medical preparedness committees of their local medical societies.

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Emergency Medical Service

The Emergency Medical Service of all local communities consists of a field casualty service, Casualty Receiving Hospitals, Emergency Base Hospitals and Transport Units. The field casualty service consists of Emergency Medical Field Units, preferably organized from the resident staffs of hospitals so that squads of physicians, nurses and trained aides are available day or night to respond to the call of the Control Centers.

Casualty Stations have been set up in almost all coastal communities, in densely populated cities in a proportion of one for each 25,000 population, in smaller, less densely populated cities about one to 10,000. Upon arrival at a Casualty Station, a medical squad can, if necessary, split off one or more teams consisting of a physician, nurse, and several trained auxiliaries and deploy them forward to set up advanced First Aid Posts at temporary sites close to the incidents. Practice drills are being held in collaboration with other protection services under the direction of the Commander of the Control Center.

Equipment

The Transport Officer on the staff of the Commander of the Citizens' Defense Corps controls the allotment of transportation. Ambulances and other forms of transportation required by the Emergency Medical Service, when so assigned, pass to the control of the local Chiefs of Emergency Medical Service

Equipment for Emergency Medical Field Units and for Casualty Stations has thus far been left entirely to local resources because, although about $5,000,000 was made available by Congress for medical supplies, the purchase and distribution of these supplies have not been completed. At present, localities must rely upon their own resources in the event of attack.

Casualty Receiving Hospitals

All hospitals are authorized to serve as Casualty Receiving Hospitals. Funds have been made available for their reimbursement at a per diem rate of $3.75 through the U. S. Public Health Service for the care of civilian casualties caused by enemy action.

Emergency Base Hospitals

Plans have either been completed or are under way in all coastal cities for the establishment, when needed, of Emergency Base Hospitals in protected rural sites, in numbers and with facilities sufficient to receive casualties or other patients evacuated from civilian hospitals in cities under attack. Before these sites are definitely fixed, the lines of evacuation of casualties to the base will be determined in collaboration with the military authorities. Institutions used in this manner will be entitled to limited reimbursement for hospital care and for minor structural alterations. Nursing and other auxiliary staff needed will be arranged for locally through the cooperation of hospitals and other health agencies and by the use of professional and other registries listing qualified personnel. The medical staff will be supplemented by physicians and specialists commissioned in the U. S. Public Health Service. All Emergency Base Hospitals will remain under local control.

Civilian Defense Reserve of the U. S. Public Health Service

For this purpose a limited number of hospitals in the coastal States are about to be invited to organize small affiliated hospital units conforming to a table of organization which provides a balanced nucleus of physicians, surgeons and specialists. These small units of commissioned officers in the inactive reserve will be available whenever needed for immediate duty at bases in their regions. They will receive pay, rank, and allowances equivalent to those of officers in the armed forces. Their numbers can be further supplemented by the assignment of physicians designated as consultants, who divide their time as needed between their home communities and the bases.

The Civilian Defense Reserve will include physicians over 45 years of age, those with physical disabilities which render them ineligible for military service, and women physicians. They will be called to active duty, as far as possible, for

service at Base Hospitals or at Reception Areas within the regions in which they live. These physicians will be paid for their services only while they are on active duty.

Nursing

The Nursing Section of the Medical Division assists in preparing plans for the participation of the members of the nursing profession in each locality in the activities of the emergency medical program. The Nursing Section is stimulating the organization of State and Local Nursing Councils as a means of enlisting all nursing resources of a community to meet emergency needs and to plan for the most equitable distribution of available nursing service.

In collaboration with the American Red Cross, it is guiding the program for the training of 100,000 Nurses' Aides by the end of this year in hospitals which have been designated as Training Centers. These aides are now being made available to hospitals whose nursing staffs have been seriously depleted because of the needs of the armed forces. Nurses' Aides are also prepared to serve with nurses in the Casualty Stations and First Aid Posts. In collaboration with the U. S. Public Health Service, the Nursing Section is stimulating hospitals to expand their programs of nurse training with the assistance of funds made available by Congress.

Blood and Plasma

With money made available from the President's Emergency Fund through the U. S. Public Health Service, 150 hospitals in the coastal States are being assisted by the Medical Division in the establishment of blood and plasma banks, with the understanding that these hospitals are to set up a reserve of at least one unit of liquid or frozen plasma per bed for exclusive use in treatment of civilian casualties. In this manner 30,000 or more units of liquid and frozen plasma will become available for use in the vulnerable areas. In addition, 50,000 units of dried plasma or serum albumin are being purchased from commercial laboratories. This supply will be held in depots in various parts of the country as a second reserve which can be promptly dispatched to any stricken communities which may be in danger of exhausting their local stores.

Chemical Casualties

Extension courses for the training of physicians in the prevention and treatment of chemical casualties have been established by the Medical Division. Courses have so far been arranged in Cincinnati, San Francisco, Los Angeles and Seattle and arrangements are to be made for similar instruction in the Southeastern States. The physicians thus trained are to serve as instructors in their States for the dissemination of this information to the entire medical profession. Such State courses are being established in some parts of the country by State medical societies in collaboration with medical schools and health departments under the auspices of the State Chiefs of Emergency Medical Service. In a time of need, physicians can be called upon to instruct the general population concerning protective measures.

Sanitary and Public Health Engineering

Through a group of sanitary engineers commissioned in the U. S. Public Health Service, States and local communities in all vulnerable parts of the country are being assisted in reviewing their needs for the protection of the water supply and for additional sources of water if the local supply should be interrupted by enemy action. These engineers are also assisting States and localities in meeting other special needs which may be precipitated by the interruption of sewage disposal or by interruption in the transport of food, or by bacterial or chemical contamination of food, water or milk.

As a result of the activities of the Sanitary Engineering Section of the Medical Division, most of the States on both ocean coasts have appointed State Water Coordinators who are working in collaboration with our Sanitary Engineers on State and local problems of water supply.

THE MEDICAL DIVISION OF THE OFFICE OF CIVILIAN DEFENSE

The Medical Division has issued the following publications:

Medical Division Bulletin No. 1: Emergency Medical Service for Civilian Defense.

Medical Division Bulletin No. 2: Equipment and Operation of Emergency Medical Field Units.

Medical Division Bulletin No. 3: Protection of Hospitals.

Medical Division Bulletin No. 4: Central Control and Administration of Emergency Medical Service.

Handbook of First Aid.

First Aid in the Prevention and Treatment of Chemical Casualties.

Protection and Maintenance of Water Supplies under War Conditions.

Prepared in Collaboration with the American Red Cross:

Syllabus of Course of Instruction for Nurses' Aides.

Guide for Training of Volunteer Nurses' Aides.

Instructor's Outline for First Aid Course for Civilian Defense.

Advanced First Aid for Civilian Defense.

Prepared in Cooperation with the National Research Council:

Treatment of Burns and the Prevention of Wound Infections.

A Technical Manual on the Preservation and Transfusion of Whole Human Blood.

A Technical Manual on Citrated Human Blood Plasma.

Prepared in Cooperation with the Office of Defense Health and Welfare Services:

Volunteers in Health, Medical and Nursing Care.

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